

# Health Psychology for Chiropractors



## Introduction to Health Psychology



- Why should health professionals have an interest in psychology?
- Shouldn't communication skills and common sense be enough to take care of patients?
- Shouldn't a good adjustment be enough???
- Psychology – Just common sense?

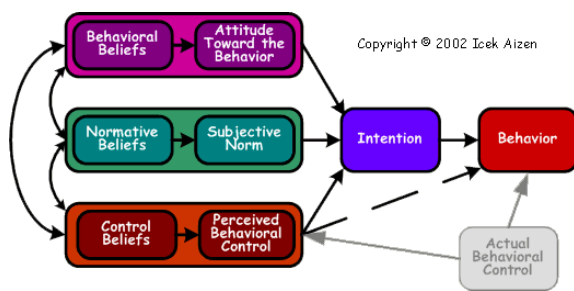
- “Too many cooks spoil the broth”
- “Many hands make light work”
- True or false? – We use only 10% of our brains (Beyerstein, 1999)



- Is it possible to predict a patient's health behavior by knowing her/his health attitudes?
  - **Richard LaPiere's** classic study on attitudes and actions (1934)
  - **Theory of reasoned action**
    - Behavioral beliefs
    - Subjective norms
    - Perceived behavioral control beliefs



## Theory of Reasoned Action



## Introduction



- Psychology
  - Is a science that attempts to understand people and make sense of their mental processes and behavior
  - Knowledge gained in psychology is applied in the service of human welfare

## Introduction



- People are often emotional about their health
- Ill health can arouse powerful emotions (anger, grief, righteous indignation, etc.)
- People are 'meaning making machines' – We seek causal explanations and then attempt to predict events
- Ultimately we hope to control our health and reduce illness and disease

## Introduction



- The fundamental principles of psychology are used to study health behavior and the experience of health and illness – Health Psychology

## Health Psychology



- **Health Psychology** aims to:
    - Promote and maintain health
    - Prevent and treat illness
    - Identify etiologic and diagnostic correlates of health, illness and related dysfunction
    - Improve the health care system
- (Matarazzo, 1982, p.4)

## This Week



- I. Patient perceptions
  - Perceptions about symptoms
  - Perceptions about health care
- II. Interpersonal communication skills

## Patient Perceptions



- Patients form perceptions – they seek explanations
- People constantly seek the meaning of events in their lives
- In illness, the question WHY may be asked constantly
  - Why do I feel like this?
  - Why me or why now?

## Perceptions



- Why me or why now?
  - Some people blame
  - Some people believe they are being punished
  - Some believe it is because of fate or chance
- People develop lay theories – based on their own experience, their friends and family, and the media

## Perceptions

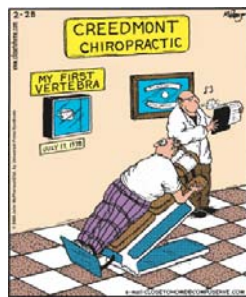
- A patient's perception of illness has important consequences for his/her health outcomes
- Why do people seek health care?
- Why do people seek chiropractic care?

## Perceptions

- Upon noticing a symptom, the decision to seek health care may be based on the patient's appraisal of her/his symptom(s)
    - Define and interpret the symptom
    - Context of the symptom?
    - Concern about the possible seriousness of the symptoms
    - Interference with social roles?
    - What others say about the symptom
    - Number of normalizing explanations for the symptom
- (Frostholm et al, 2005)

## Perceptions of Health Care

- Lay beliefs about healthcare may differ from those of health professionals
- Problems of compliance may arise because of a lack of concordance between the beliefs of the doctor and the patient



## Perceptions of Health Care

- Patient perceptions of health care are important – remember the Theory of Reasoned Action (**AB+SN+PBC=BI**)
  - AB – What are the patients attitudes toward chiropractic?
  - SN – Patient's family, friends, social group, etc. thoughts about chiropractic treatment?
  - PBC – What are the patient's beliefs about being able to literally go to a chiropractor?
  - Behavioral intention – go to the chiro. or not

## Perceptions of Health Care

- **The use of CAM therapies**
  - 1/3 of Americans had used at least one unconventional therapy or remedy in the previous year (CAM)
  - More visits were made to providers of unconventional therapy than to all US primary care physicians (Eisenberg et al. 1993 cited in Alder, 1999, p. 93)
  - 88% of elderly Americans utilized CAM (dietary supplements and chiropractic were most common—65% and 46%)

(Hess, 2005)

## Patient Perceptions of Health Care

- Why CAM?
  - Dissatisfaction with traditional medicine
  - Decreased risk of side effects
  - Longer consultation times
  - Differences in philosophy (beliefs about illness)
  - Preferred for chronic conditions
  - Belief that CAM will increase quality of life
  - Influential role models

(Alder, 1999)

## Review

- Why should health professionals have an interest in psychology?
- Define psychology; define health psychology
- How can knowledge in psychology benefit you in your chiropractic practice?
- What is the gist of LaPiere's 1934 study? What are the implications for chiropractic?
- Explain the TRA. Implications?
- A patient's perception of illness has important consequences for his/her health outcomes – explain
- Why do people seek health care?
- Why do people seek chiropractic care?
- Reasons for increase use in CAM therapies?

- Identify the characteristics of a GREAT health care professional

## Interpersonal skills

- Historically it was assumed people were born with talents allowing them to be a “caring nurse” or a “trusted doctor” - It was thought that people could not learn interpersonal skills
- Today, research indicates:

(Weatherall, 1994)

## Interpersonal skills

- **Caveat**
  - Just because interpersonal skills can be taught, does not make one competent
  - You must resist the urge to become a “technician” of interpersonal skills and apply them in a robotic manner

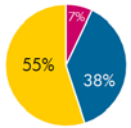
## Interpersonal skills

- Nonverbal communication
- Features of speech that convey meaning
- Nonvocal nonverbal behaviors
- Facial expressions
- Eye contact
- Bodily contact
- Body language (movements and postures)

- During a conversation which conveys more meaning, words or nonverbal communication?
- **Birdwhistell** estimated that \_\_\_\_\_% of the social meaning of a conversation is carried by words alone
  - How do we know what people are really trying to communicate? We pay attention to what/how they are speaking, eye movements, facial expressions, and their chest

- Birdwhistell estimated that "no more than 30-35% of the social meaning of a conversation or an interaction is carried by the words." (65-70% body movement)

• Mehrabian: 7%-38%-55% Rule



**Elements of Personal Communication**

- 7% spoken words
- 38% voice, tone
- 55% body language

## Nonverbal Communication

- Nonverbal communication conveys emotions and attitudes and synchronizes speech
- Other features of speech that convey meaning:
  - Tone of voice
  - Inflection
  - Rate of speaking
  - Duration of speech
  - Pauses

## Nonverbal Communication

- A variety of meanings are also conveyed by nonvocal, nonverbal behaviors:
  - Facial expressions
  - Eye contact
  - Bodily contact
  - Physical proximity
  - Orientation
  - Posture
  - Gestures
  - Dress/appearance

## Can smiling actually make people feel happy?



## Can facial expressions make patients feel differently?

- Zuckerman (1981): 3 groups were shown film clips (pleasant, unpleasant, neutral)
  - Grp#1: Suppression of facial expressions
  - Grp#2: Exaggeration of facial reactions
  - Grp#3: Control group
- Physiological arousal was recorded
- Participants rated their emotional reactions to the scenes after the films had finished

**Results?**

- Zuckerman (1981):
  - Exaggerated facial expressions resulted in higher levels of arousal to both pleasant and unpleasant scenes
  - They also reported stronger positive and negative emotional reactions than individuals asked to suppress their facial expressions
- Implications?

## Eye contact

- \* Generally speaking, eye contact can be equated to friendliness
- Therefore, engaging in eye contact usually signifies that a person wishes to appear friendly
- Can eye contact go too far?
- When a person has something difficult to say, or is lying, he will often look away from the listener

## Bodily contact

- The meaning of bodily contact varies according to:
  - length of contact
  - anatomy touched
  - relationship between the parties
- culture

## Bodily Contact

- **Jourard** (1966) studied touching behavior in several countries
    - Couples were observed sitting in cafes for 30-minute periods – touches were recorded
      - San Juan: 180
      - Paris: 110
      - Gainesville: 2
      - London: 0
- (Argyle, 2007, p.93)
- Conclusion?

## Bodily Contact

- In a study of British nurses with American patients, **Davitz and Davitz** (1985) reported the following perceptions:
  - Emotional expression by American patients often made the British nurses uncomfortable which resulted in the nurses being more reserved
  - American patients judged the nurses discomfort as dislike & insensitivity
- Implications for chiropractors?

## Bodily Contact

- **Whitcher & Fisher** (1979) [British study], arranged for nurses to either touch or not to touch patients while providing them with information about impending operations
  - All nurses were female
  - Patients were asked for their views about the hospital and the prospective operation
  - BP was measured after the operation
- Results?

## Bodily Contact

- One possible explanation for the Whitcher & Fisher (1979) results:
  - **Higher status individuals are at liberty to touch lower status individuals, but not vice versa**
  - Females perceived the touching as a sign of caring and warmth
  - Males perceived it as a threatening gesture which communicated the nurses' superior status in the hospital setting
- Consider status differences in chiropractic offices

## Physical Proximity



- The normal degree of physical proximity varies between cultures and among individuals
- Problems arise when individuals from different cultures disagree on the “correct” interpersonal distance
- Speaking too closely appears invasive and speaking from a distance can appear cold and impersonal

## Physical Proximity



- Four zones of interpersonal distance:
  - Intimate: 0-18” (only intimate friends)
  - Personal: 1.5'-4' (personal space)
  - Social: 4'-12' (formal interaction/strangers)
  - Public: 12'-15' (distance from important public figures)

## Orientation



- Orientation refers to the angle at which people sit or stand in relation to each other
  - **Cooperation:** sit next to Person A
  - **Compete** or bargain: sit opposite Person A
  - **Discussion** or conversation: sit at right angles to Person A
- Whenever there is the opportunity to vary the orientation of tables, chairs, or participants, one should consider the nonverbal message that is conveyed by the choices

## Review



- Interpersonal skills – talent or skill? Explain
- Birdwhistell
- Other than literal words, features of speech that convey meaning?
- Universal facial expressions?
- Zuckerman (1981)
- General comments regarding eye contact
- Meaning of bodily contact varies according to?
- Jourard (1966)
- Davitz and Davitz (1985)
- Whitcher & Fisher (1979)
- Zones for interpersonal distance?
- Orientation scenarios and interpretations (i.e. cooperation, complete, guidance)

## Body Language: Movement and Posture



- Typically the least controlled of all nonverbal messages
  - Can tell a lot about a person's emotional state (anxiety, distress, pain, positivity, confidence, etc.)

## Body Language



- Posture
  - The manner of standing and sitting conveys a variety of social meanings
  - Emotional states and attitudes are conveyed by posture
  - Status differences are also communicated via posture
  - Interest and attitude can be gauged by sitting posture

## Gestures

- Gestures supplant and replace speech
- Most find it difficult to communicate without using gestures of some sort
- Therefore it is important to examine one's nonverbal repertoire in order to gain insight into the sorts of messages that are being transmitted unknowingly to others
- WHAT ARE YOU SAYING TO OTHERS WITH YOUR BODY LANGUAGE?



## Head nods

- Head nods have 2 distinct roles in nonverbal communication:
  - Reinforcement
  - Synchronization of speech
- A nod gives the speaker permission to carry on talking
- A rapid succession of nods indicates that the nodder wants \_\_\_\_\_.



## Appearance

- What is conveyed via appearance?
- Is physical attraction important?



## Appearance

- Usually there is some choice as to one's appearance; thus, the sort of message one wants to communicate is considered voluntary

### Halo effect

- **Esses & Webster** (1988)



## Caveats

- 'Don't judge a book by its cover'
- Recognize the halo effect
- Exercise caution before assuming too much about someone's character and behavior based on his/her appearance
- In comparison to other features of nonverbal communication, perhaps too much attention is paid to appearance at the expense of more reliable indications of character



## Speech Disturbances

- Speech disturbances can be divided into 2 types:
  - Pause fillers (ums, ers, uhs)
  - Stutterings, repetitions, and omissions
- Too many pause fillers can be interpreted as?
- Too few pause fillers can be interpreted as?
- Omissions or unfinished sentences are signs of anxiety



## Review



- Discuss the role of body posture in communication. Implicit? Explicit?
- Importance of gestures in communication? Are gestures implicit or explicit forms of communication?
- What role do head nods play in nonverbal communication?
- Define the Halo effect; What were the results of Esses & Webster's research (1988)? Implications?
- Identify the two types of speech disturbances and explain each; review the section on how these disturbances are interpreted

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